Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: MS Aesthetics, Perth

Service Provider: Marziyeh Strang

4 June 2024

NHS SCOTLAND

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Contents

1 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to MS Aesthetics on Tuesday 4 June 2024. We spoke with the service manager (practitioner). We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection. This was our first inspection to this service.

Based in Perth, MS Aesthetics is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For MS Aesthetics, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's mission was to provide safe and effective aesthetic treatments using evidence-based practice. A system should be in place to assess and measure the service's performance.	✓✓ Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patient feedback was actively sought. A yearly duty of candour report was published. Policies and procedures were in place to help deliver person-centred care. A quality improvement plan helped to direct improvements in the service. Prescription-only medicines must only be administered to patients that they have been prescribed for. Portable appliance testing of electrical equipment must be carried out. Fire safety risk assessments and equipment checks must be regularly completed. A programme of audits would help to deliver safe care and treatment and identify improvements in the service.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The service was clean and well equipped. Patients spoke positively about the environment. Medicines governance processes, including obtaining informed consent from patients, must be followed. Patient care records must be fully completed for every consultation and treatment provided. Consent to share information with healthcare professionals in the event of an emergency should be recorded.	✓ Satisfactory

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: Guidance for independent healthcare service providers – Healthcare Improvement Scotland

Further information about the Quality Assurance Framework can also be found on our website at: The quality assurance system and framework – Healthcare Improvement Scotland

What action we expect Marziyeh Strang to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in six requirements and three recommendations.

Direction	
Requirements	
None	
Recommendation	
a	The service should develop and implement a process for measuring its outcomes and key performance indicators for providing the service. These should be regularly evaluated to ensure they align with the service's vision and be shared with patients (see page 10). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Implementation and delivery	
Requirements	
1	The provider must ensure prescription-only medicines are only administered to the patient that they have been prescribed for (see page 14). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
2	The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition (see page 14). Timescale – by 1 September 2024 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
3	The provider must complete a fire risk assessment every year and replace fire safety equipment when required (see page 14). Timescale – by 1 September 2024 *Regulation 3(a)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
b	The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented, and improvement action plans implemented (see page 15). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

Results	
Requirements	
4	The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin (see page 17). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
5	The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent (see page 18). Timescale – immediate *Regulation 3(d)(iv)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
6	The provider must ensure the outcome of every consultation or examination is documented in the patient care record. The details of every treatment provided, and medicine prescribed and administered to the patient, must also be documented (see page 18). Timescale – immediate *Regulation 4(2)(b)(c)(d)* *The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
Recommendation	
c	The service should ensure that consent to share information with GPs and other relevant healthcare professionals is documented in the patient care record. If the patient refuses to consent, this should be documented (see page 18). Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
Find an independent healthcare provider or service – Healthcare Improvement Scotland

Marziyeh Strang, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at MS Aesthetics for their assistance during the inspection.

2 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service's mission was to provide safe and effective aesthetic treatments using evidence-based practice. A system should be in place to assess and measure the service's performance.

Clear vision and purpose

We saw that the service's mission statement 'to provide exceptional aesthetic treatments and care to enhance the natural beauty and well-being of our clients' was available on the service's website for patients to view. This included the service's aim 'to deliver personalised, safe and effective treatments supported by evidence-based practices that help clients achieve their aesthetic goals'. We were told that patient satisfaction was used to measure how successfully the service was achieving its aim.

The service's vision was a statement of how the service would be 'a leading provider of innovative and personalised aesthetic treatments… in a safe, ethical and patient-centred manner'. The service had values to guide the actions to provide the experience it desired for its patients. These related to professionalism, safety, compassion, innovation and trust. These values were clearly stated on the service's website for patients to view.

What needs to improve

While the service had developed a vision and mission statement with aims set out to achieve this, this did not include a process of measuring its outcomes and key performance indicators to demonstrate how these were being met (recommendation a).

- No requirements.

Recommendation a

- The service should develop and implement a process for measuring its outcomes and key performance indicators for providing the service. These should be regularly evaluated to ensure they align with the service's vision and be shared with patients.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patient feedback was actively sought. A yearly duty of candour report was published. Policies and procedures were in place to help deliver person-centred care. A quality improvement plan helped to direct improvements in the service.

Prescription-only medicines must only be administered to patients that they have been prescribed for. Portable appliance testing of electrical equipment must be carried out. Fire safety risk assessments and equipment checks must be regularly completed. A programme of audits would help to deliver safe care and treatment and identify improvements in the service.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service engaged with patients in various ways, including through its social media profile and website.

A participation policy described how the service would gather and use patient feedback to continually improve. Patient feedback was collected verbally, through social media reviews and patient satisfaction questionnaires. We saw patients were asked to provide suggestions on how to improve the service. We were told all feedback was reviewed and the practitioner would respond directly to patients who had raised a concern. From the patient feedback we reviewed, we saw that patients were satisfied with the service and had made no suggestions for improvement.

Patients who responded to our online survey spoke positively about the service and felt well informed about their treatments. Comments included:

- 'The practitioner gave me all the relevant information, answered any questions I may have had leaving me fully confident to proceed.'
- 'Explained the whole process thoroughly.'
- 'The practitioner is very thorough, pleasant and informative.'

The service's website was used to inform patients of any improvements made as a result of patient feedback.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

Policies and procedures were in place to support the delivery of person-centered care. We saw the service had recently reviewed its policies and these included:

- complaints
- duty of candour
- information management
- infection prevention and control, and
- medication.

The service manager (practitioner) was aware of the notification process and what they should notify Healthcare Improvement Scotland about.

A clear reporting system was in place to record and manage accidents and incidents, should any occur. We noted the service had had no accidents or incidents since it was registered with Healthcare Improvement Scotland in February 2022.

Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. The service had an up-to-date duty of candour policy and we saw that a duty of candour report was published on the service's website.

The service had an up-to-date complaints policy which referred to Healthcare Improvement Scotland as an alternative process for complaints. We saw information about how to make a complaint was displayed for patients to access in the clinic. We noted the service had not received any complaints since it was registered in 2022.

Electronic patient care records were stored securely on a password-protected tablet device. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

All medications and medical devices were in-date and stored in a locked cabinet or pharmacy fridge. The pharmacy fridge was monitored to make sure medicines were stored at the appropriate temperature. Medicines were obtained from an appropriately registered supplier and the service was registered to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).

The service was owned and managed by an experienced nurse practitioner and prescriber registered with the Nursing and Midwifery Council (NMC). This requires them to register with the NMC every year and complete a revalidation process every 3 years where they gather evidence of their competency, training and feedback from patients and peers to remain a registered nurse practitioner. The practitioner also continued to work in the NHS and engaged in regular continuous professional development. This included keeping up to date with appropriate training, such as for adult support and protection, equality and diversity, and infection prevention and control.

The practitioner kept up to date with changes in the aesthetics industry, legislation and best practice guidance through attending conferences and additional training sessions. They were also a member of aesthetic forums. This included the Aesthetic Complications Expert (ACE) group and the British Association of Cosmetic Nurses (BACN).

Patients completed an initial pre-treatment questionnaire which asked for details about their medical history, previous treatments and prescribed medication. Patients were then provided with information during their consultation about the appropriate treatment options, and the risks and benefits. Patients were provided with written aftercare advice which included the practitioner's contact details should they have any questions or queries about their treatment.

What needs to improve

We saw medication, including emergency medication, was labelled as prescribed to one named patient. Medicines prescribed to a named patient cannot be held in stock to be prescribed to another patient. Independent healthcare services can hold stock medicines in connection with the running of

that service. However, the stock medicines must only be prescribed to the patient to whom it will be administered at the point of need (requirement 1).

Regular checks were not being carried out on the service's portable electrical appliances to make sure they were maintained in a safe condition (requirement 2).

We were told the landlord was responsible for carrying out fire safety checks and fire risk assessments. The fire risk assessment for the service had not been updated since 2022 and the fire extinguisher in the treatment room had expired in September 2023 (requirement 3).

Requirement 1 – Timescale: immediate

- The provider must ensure prescription-only medicines are only administered to the patient that they have been prescribed for.

Requirement 2 – Timescale: by 1 September 2024

- The provider must ensure that regular checks are carried out on the service's portable electrical appliances to ensure they are maintained in a safe condition.

Requirement 3 – Timescale: by 1 September 2024

- The provider must complete a fire risk assessment every year and replace fire safety equipment when required.

- No recommendations.

Planning for quality

In the event that the service was unable to operate, such as a power failure, we were told that patients would be referred to alternative service.

A risk register was in place that covered clinical and patient safety risks. This included adverse drug reactions, safe disposal of sharps and safe storage of patient information. This included actions taken to mitigate or reduce risks. We noted the risk register was reviewed regularly.

A quality improvement plan helped to inform and direct the service's improvement activities. We saw improvement activities were identified and recorded, along with the actions that would be taken. We noted improvements had been made in the service. For example, the practitioner had recently achieved a qualification as an independent nurse prescriber.

What needs to improve

We saw no evidence of audits carried out in the service. A regular audit programme would help the service provide continuous safe care and treatment and identify areas for improvement. For example, audits should be carried out for:

- infection prevention and control
- patient care records
- medicines management, and
- the safety and maintenance of the care environment (recommendation b).

The service's quality improvement plan could be further developed to include areas for improvement identified through patient feedback, audits, complaints, and policy review. The quality improvement plan should measure the impact of any changes made to help demonstrate a culture of continuous improvement. We will follow this up at the next inspection.

- No requirements.

Recommendation b

- The service should develop a programme of regular audits to cover key aspects of care and treatment, including medicines management, infection prevention and control, the safety and maintenance of the care environment and patient care records. Audits should be documented, and improvement action plans implemented.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The service was clean and well equipped. Patients spoke positively about the environment. Medicines governance processes, including obtaining informed consent from patients, must be followed. Patient care records must be fully completed for every consultation and treatment provided. Consent to share information with healthcare professionals in the event of an emergency should be recorded.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

We saw that the clinic was clean, tidy and well maintained. Cleaning schedules were completed to show that appropriate cleaning had taken place. All equipment for procedures was single-use to prevent the risk of cross-infection. Personal protective equipment, such as disposable gloves and aprons, was readily available. A clinical waste contract was in place and we saw clinical waste, such as used syringes and needles, was disposed of appropriately.

Patients who completed our online survey told us the environment was clean and well maintained. Some comments included:

- ‘The clinic was very clean and tidy and there was enough equipment for the procedure.’
- ‘Great treatment room, very clean, airy and comfortable.’
- ‘Very clean.’

We reviewed four patient care records and found that all patients had consented fully to their treatments. This process included information about the risks and benefits of treatment and asked patients for details about their past

medical history, including any medication currently being prescribed. Consent was also requested for photographs to be taken. Both the practitioner and patients had signed all consent forms we reviewed.

What needs to improve

During the inspection, we identified several issues relating to the administration and preparation of botulinum toxin.

- We were told the service kept solutions of prepared botulinum toxin for more than 24 hours to treat multiple patients. This is when a liquid solution is used to turn a dry substance into a fluid for injection. This meant the service was not preparing and using reconstituted botulinum toxin in line with best practice or the manufacturer's guidance (requirement 4).
- We saw the service used bacteriostatic saline to reconstitute the vials of botulinum toxin. The bacteriostatic saline used is an unlicensed product and the use of this instead of normal saline for reconstitution means that the botulinum toxin is being used outwith its 'Summary of Product Characteristics' and is therefore termed as unlicensed use. We were told this provided better pain relief for patients. However, we saw no evidence in the patient care record that the use of unlicensed bacteriostatic saline and the unlicensed use of botulinum toxin had been discussed with patients, nor that informed consent had been sought before treatment administered (requirement 5).

The patient care records we reviewed were not consistently completed. We found gaps with the detail relating to:

- summarising the outcomes from the initial consultation and review appointments
- prescribed medication dosage and number of units administered, and
- the planned aftercare (requirement 6).

Patient care records we reviewed did not include consent to share information with GPs and other relevant healthcare professionals in a medical emergency (recommendation c).

Requirement 4 – Timescale: immediate

- The provider must ensure that, once reconstituted, the botulinum toxin vial is only used for a single patient, during a single treatment session, and that any unused solution is discarded to comply with the manufacturer's guidance for botulinum toxin.

Requirement 5 – Timescale: immediate

- The provider must ensure that when unlicensed medicines are used that appropriate medicine governance arrangements are in place, including documented rationale for use and informed patient consent.

Requirement 6 – Timescale: immediate

- The provider must ensure the outcome of every consultation or examination is documented in the patient care record. The details of every treatment provided, and medicine prescribed and administered to the patient, must also be documented.

Recommendation c

- The service should ensure that consent to share information with GPs and other relevant healthcare professionals is documented in the patient care record. If the patient refuses to consent, this should be documented.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: [The quality assurance system and framework – Healthcare Improvement Scotland]

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
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